

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
107561780

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13		3				
14		3				
15		3				
16		3				
17		3				
18	1					
19		1				
20		1				
21	1					
22		1				
23		3				
24		3				
25		3				
26		3				
27		3				
28		3				
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41		3				
42		3				
43		3				
44		3				
45		3				
46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.	4					
TOTAL DEP.	85					
TOTAL CLAIMS	89					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54		3				
55		3				
56		3				
57		3				
58		3				
59		3				
60		3				
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93		3				
94		3				
95		3				
96		3				
97		3				
98		3				
99		3				
100		3				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						